



Illinois Department of Public Health  
Division of Vital Records

**SURROGATE PARENTAGE CERTIFICATION  
GESTATIONAL SURROGATE'S HUSBAND/CIVIL UNION PARTNER**

Gestational  
Surrogate's Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

Gestational Surrogate's  
Husband/Civil Union Partner

Check None \_\_\_\_\_ or enter Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

Intended  
Mother/Co-Parent's Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

Intended  
Father/Co-Parent's Name \_\_\_\_\_  
(First, Middle, Last, prior to first marriage/civil union)

This statement is being completed and filed prior to the birth of a child being carried by the gestational surrogate to establish a parent-child relationship in accordance with Section 12 of the Vital Records Act (410 ILCS 535/12), Section 6 of the Illinois Parentage Act of 1984 (750 ILCS 45/6), and the Gestational Surrogacy Act (750 ILCS 47). The names of the intended mother/co-parent and intended father/co-parent shall be entered on the child's birth certificate. The names of the gestational surrogate and the gestational surrogate's husband/civil union partner (if any), shall not be on the birth certificate. I certify that I am the husband/civil union partner of the gestational surrogate. I certify that I am not the biological father of the child being carried by my wife/civil union partner. I also certify that my wife/civil union partner is carrying the child for the intended parents.

Dated \_\_\_\_\_, \_\_\_\_\_  
(Enter month, day and year) Signature of gestational surrogate's husband/civil union partner

Home Address \_\_\_\_\_  
(Street, City, State, ZIP Code)

Two witnesses must attest to the signature of the gestational surrogate's husband/civil union partner completing this surrogate parentage statement and make the following certification: **I am a competent adult and not the gestational surrogate, gestational surrogate's husband/civil union partner (if any), intended mother/co-parent or intended father/co-parent.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Typed or printed name

Dated \_\_\_\_\_  
(Enter month, day and year)

Dated \_\_\_\_\_  
(Enter month, day and year)

Prior to the birth of the child, this certification shall be placed in the medical records of the gestational surrogate and copies shall be filed with the Illinois Department of Public Health at 925 E. Ridgely Ave., Springfield, IL 62702-2737.

**There is *NO CHARGE* to file surrogate parentage statements.**